

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Eastern Carolina Conservative Fund(b) Address (number and street) ☐ check if different than previously reported
PO Box 97275

(c) City, State and ZIP Code

Raleigh

NC

27624

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002422**3. Is This Statement**☐**New**

or

☒**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2016

through

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2016**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2016**(b) Communication Title** TV 1 Electioneering Communication**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Collin McMichael

(b) Address (number and street)

PO box 97275

(c) City, State and ZIP Code

Raleigh

NC

27624

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

, , 0.00

10. Total Disbursements/Obligations This Statement

, , 42000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Glen Downs

SIGNATURE

Glen Downs

[Electronically Filed]

DATE

06/15/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control**A.** (a) Name **Transaction ID : F91.4099**

Glen Downs

(b) Address (number and street) PO Box 97275

(c) City, State and ZIP Code

Raleigh

NC 27624

(d) Name of Employer or Principal Place of Business

Retired

(e) Occupation

Retired

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Impact Strategies, Inc. Mailing Address of Payee PO Box 18165 City State Zip Code Raleigh NC 27619 Name of Employer Occupation				Date of Disbursement or Obligation MM / DD / YYYY 05 / 17 / 2016 Amount 42000.00 Communication Date MM / DD / YYYY 05 / 19 / 2016	
Purpose of Disbursement (Including title(s) of communication(s)) TV 1 Electioneering Communication				Transaction ID : F93.4100	
Name of Federal Candidate WALTER B. JONES		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03		Disbursement/Obligation For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.4102F93.4100					
Name of Federal Candidate WILLIAM TAYLOR GRIFFIN		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03		Disbursement/Obligation For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.4103F93.4100					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee Mailing Address of Payee City State Zip Code Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Date of Disbursement or Obligation MM / DD / YYYY Amount Communication Date MM / DD / YYYY	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				42000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				42000.00	